

**GOVERNOR' S OFFICE OF CONSUMER PROTECTION**  
**Health Spa Pre-Sales Account**

**Instructions to the bank/ financial institution:** Please complete this form and return the original to the Governor' s Office of Consumer Protection, 2 Martin Luther King, Jr. Drive SE, Suite 356, Atlanta, Georgia 30334-9077.

This is to certify that \_\_\_\_\_ (health spa) has opened an account with \_\_\_\_\_ (bank/ trust company), account number \_\_\_\_\_, in accordance with O.C.G.A. § 10-1-393.2, for the purpose of depositing for safekeeping the membership fees of consumers who have purchased memberships prior to the spa becoming fully operational and available for use.

The following conditions apply to any monies deposited into the aforementioned account:

- 1. No funds shall be released from said account except upon the written authorization of the Administrator of the Georgia Fair Business Practices Act.**
2. Each deposit to the account shall be identified by the name and address of the individual who purchased the membership. The bank or trust company and the health spa shall maintain a list of (a) the deposits, (b) their amount, and (c) the name and address of the membership purchaser. The list shall be generated and updated by the health spa operator and furnished to the bank or trust company. Both the list and the account history shall be available for inspection or reproduction upon request by the Administrator or the Administrator's designee(s), at no charge to the Administrator.
3. The condition of the account established under O.C.G.A. § 10-1-393.2 is that no funds shall be released from the account to any person unless the Administrator has certified in writing to the bank or trust company that either the health spa is fully operational and available for use, or that the health spa has not complied and does not appear likely to comply with its obligation to make the health spa fully operational and available for use in accordance with the documents submitted to the Administrator or in accordance with representations made to membership purchasers.
  - (a) If the Administrator certifies to the bank or trust company that the health spa is fully operational and available for use, the funds in the account shall be released to the health spa, along with any accrued interest.
  - (b) If the Administrator certifies to the bank or trust company that the health spa has not complied and does not appear likely to comply with its obligation to make the health spa fully operational and available for use, the funds in the account shall be released to the Administrator on behalf of the individuals who purchased memberships prior to the health spa being fully operational and available for use, along with the list maintained regarding membership purchasers.
4. The health spa shall bear any costs imposed by the bank or trust company for administering the account.

\_\_\_\_\_  
Name of bank/ trust company

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Authorized signature/ title of bank representative

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**GOVERNOR' S OFFICE OF CONSUMER PROTECTION**  
**Health Spa Information Form for Pre-Sales**

*Please complete this application form to seek approval for pre-sales of membership contracts by a health spa that is not fully operational and available for use. Return the completed form, along with a copy of the contract that will be used by your facility, to: Governor' s Office of Consumer Protection, 2 Martin Luther King, Jr. Drive SE, Suite 356, Atlanta, Georgia 30334-9077.*

1. Name of proposed health spa: \_\_\_\_\_
2. Address of facility: \_\_\_\_\_
3. Business name: \_\_\_\_\_  
Number of locations: \_\_\_\_\_

4. Check and complete either *a, b* or *c*:

*a) Corporation:* \_\_\_\_\_

Name of corporation: \_\_\_\_\_

Tax identification number: \_\_\_\_\_

Registered agent: \_\_\_\_\_

Registered address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Fax number: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

*b) Partnership:* \_\_\_\_\_

Name of partnership: \_\_\_\_\_

Tax identification number: \_\_\_\_\_

*(List all partners, using a separate sheet if additional space is needed.)*

Partner' s name \_\_\_\_\_ Partner' s name \_\_\_\_\_

Office address \_\_\_\_\_ Office address: \_\_\_\_\_  
\_\_\_\_\_

Office phone number: (    ) \_\_\_\_\_ Office phone number: (    ) \_\_\_\_\_

Fax number: (    ) \_\_\_\_\_ Fax number: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Alternate address: \_\_\_\_\_ Alternate address: \_\_\_\_\_  
\_\_\_\_\_

Alt. phone number: (    ) \_\_\_\_\_ Alt. phone number: (    ) \_\_\_\_\_

c) Sole ownership: \_\_\_\_\_ (If multiple owners, identify the required information for each owner.)

Name of owner: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Office address: \_\_\_\_\_

\_\_\_\_\_

Office phone number: (    ) \_\_\_\_\_ Fax number: (    ) \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: (    ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

5. Describe the projected facility, services and equipment that will be available:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Date by which health spa will be fully operational and available for use: \_\_\_\_\_

7. Bank or trust company (domiciled in Georgia) where membership funds will be deposited in an escrow account in accordance with O.C.G.A. § 10-1-393.2:

Bank/ trust company: \_\_\_\_\_

Contact person: \_\_\_\_\_

Principal address: \_\_\_\_\_

\_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Fax number: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Please read the following information, sign the statement below, have your signature notarized and return this form, along with the contract form you will be using, to the Governor's Office of Consumer Protection.*

I, \_\_\_\_\_ (printed name), understand and agree that no membership contracts for the above-named facility will be sold until the Administrator of the Georgia Fair Business Practices Act approves in writing that such sales may be made. I understand that I must maintain a list of the names and addresses of all consumers purchasing membership to said spa and the amounts paid by each consumer before the spa becomes fully operational and available for use. I further understand that all monies paid by consumers before said spa becomes fully operational and available for use shall be

deposited into an account established pursuant to O.C.G.A. § 10-1-393.2, and that such funds can be released only upon the written authorization of the Administrator of the Fair Business Practices Act.

I understand that the health spa shall bear any costs imposed by the bank or trust company for administering the account. I further understand that the Administrator of the Fair Business Practices Act will not consider approval of the aforementioned health spa for pre-sale of memberships until the Governor's Office of Consumer Protection has reviewed the following: 1) the completed information form, 2) a copy of the contract I will use for pre-sales, and 3) the health spa pre-sales account form completed and returned by the financial institution.

The member shall have until seven (7) business days following the date upon which the health spa becomes fully operational and available for use to cancel and receive a full refund of any payments and the cancellation of any evidence of indebtedness, provided that the member shall be liable for the fair market value of any services actually received, which in no event shall exceed \$50.00. The preparation of any documents shall not be deemed to be services.

Nothing contained herein shall be deemed to alter or affect the obligation or duty of any health spa or bank/ trust company imposed under O.C.G.A. § 10-1-393.2 (1)-(3).

I, \_\_\_\_\_ (*printed name*), hereby swear that the information provided herein is true, complete and accurate to the best of my knowledge and belief, and that I shall notify the Governor's Office of Consumer Protection immediately in writing upon any changes in the information contained herein.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Contact address prior to facility opening: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: